

over 90% of the students gave feedback that this activity was helpful in improving their clinical skills and also helpful to prepare them for clinical placement.

Conclusion: Our study of using high fidelity stimulation training in Physiotherapy education for the acute ward setting had shown a positive result from the self-evaluated confidence of the Physiotherapy students after the training. It can also facilitate the active learning approach in the professional education. The potential for expanding the use of the high fidelity simulation in other physiotherapy related areas should be considered.

<http://dx.doi.org/10.1016/j.hkjpj.2015.09.004>

Predictive validity of Hong Kong Chinese Örebro Musculoskeletal Pain Screening Questionnaire

R. Tsang, MSc^a, J. Lau, MSc^b, T. Wong, MPhil^c, E. Lee, PhD^d, S. Kwong, MSc^e, M. Poon, MSc^f, E. So, MSc^g, R. Law, MPhil, for the Working Group on Validation of Örebro Musculoskeletal Pain Screening Questionnaire, Coordinating Committee in Physiotherapy, Hospital Authority

^aPhysiotherapy Department, MacLehose Medical Rehabilitation Centre, Hong Kong

^bPhysiotherapy Department, Prince of Wales Hospital, Hong Kong

^cPhysiotherapy Department, Kowloon Hospital, Hong Kong

^dOccupational Medicine, New Territories East Cluster, Hong Kong

^ePhysiotherapy Department, Hong Kong East Cluster, Hong Kong

^fPhysiotherapy Department, Queen Elizabeth Hospital, Hong Kong

^gPhysiotherapy Department, Princess Margaret Hospital, Hong Kong

Background and purpose: The Örebro Musculoskeletal Pain Screening Questionnaire (ÖMPSQ) is a tool developed to identify patients with musculoskeletal disorders at risk of developing chronicity and disability. This study aimed to develop a Hong Kong Chinese version of ÖMPSQ and examined its predictive validity and reliabilities in patients with back and neck pain.

Methods: A 21-item Chinese ÖMPSQ (CÖMPSQ-HK) was produced by forward and backward translations of ÖMPSQ. Patients aged 18 to 50 years old, with acute and subacute back and neck pain due to injury on duty or having sick leave for more than 7 days were recruited from 14 physiotherapy outpatient centres of the Hospital Authority. The internal consistency, predictive validity and test-retest reliability of CÖMPSQ-HK were examined using Cronbach alpha, area under the ROC curve with return-to-work status and long-term sick leave as outcomes and intraclass correlation coefficient respectively.

Results: A total of 305 back patients and 160 neck patients were recruited and followed-up for 1 year, with about 30% of patients lost to follow-up. The internal consistency of CÖMPSQ-HK was good. The test-retest reliabilities were satisfactory. The CÖMPSQ-HK was good and fair in predicting return-to-work and long sick leave (longer than 60 days) at 6 months and 1 year for back patients and neck patients respectively.

Conclusion: The CÖMPSQ-HK has fair to good predictive validity in predicting return-to-work and long sick leave at 6 months and 1 year for back and neck patients, with good internal consistency and satisfactory test-retest reliabilities.

<http://dx.doi.org/10.1016/j.hkjpj.2015.09.005>

Using transabdominal real-time ultrasound imaging as biofeedback for pelvic floor muscle training in women with urinary incontinence: A randomized controlled study

N.T.W. Ngai, MSc, C.S. Yeung, PgD, K.W.S. To, MSc, J.C. Yeung, MSc, S.S.F. Kwong, MSc, A.Y.Y. Au, PgD, M.M.K. Chung, MSc
Physiotherapy Department, Ruttonjee and Tang Shiu Kin Hospitals, Hong Kong

Background and purpose: Pelvic floor muscle training (PFMT) is advocated as a first-line conservative therapy for women with urinary incontinence. Vaginal palpation (PV) is standard biofeedback training. However, not all patients are suitable due to contraindications. Transabdominal real-time ultrasound imaging (RUSI) is increasingly used as another form of biofeedback for PFMT due to its convenient application with good reliability. The purpose of this study was to evaluate if PFMT using RUSI is as effective as PV in women with urinary incontinence.

Methods: Female patients aged 18–69 years, with urinary incontinence for at least 3 months, who were referred to our department for PFMT were included. After group education class, patients were randomly assigned into either RUSI group or PV group. Baseline, post intervention and 3 months follow-up data were collected.

Results: 33 patients (RUSIG n=16, PVG n=17) participated (mean age 54.4 ±8.2). 100% RUSIG patients were able to complete the training while 35.3% PVG patients (6 patients) were contraindicated for PV. There were significant improvement in incontinence severity level ($p<0.001$), urinary incontinence episode per week ($p\leq 0.044$), pelvic floor muscle strength ($p\leq 0.027$), short form of Incontinence Impact Questionnaires ($p\leq 0.021$), short form of Urogenital Distress Inventory ($p\leq 0.011$) and self-rating improvement ($p\leq 0.005$) in both RUSIG and PVG. There were no significant differences between groups on outcome measures.

Conclusion: Both RUSI and PV are effective biofeedback for PFMT in women with urinary incontinence, and their effectiveness is comparable. RUSI has a higher application successful rate.

<http://dx.doi.org/10.1016/j.hkjpj.2015.09.006>

Anthropometric designed neuromuscular restoration programme for the management of shoulder impingement syndrome: A pilot study

I.C.Y. Lam, MSc, T.K.H. Chu, MSc, D.M.T. Ng, MSc, J.S.Y. Cho, PgD, P.M.Y. Lau, DHSc

Physiotherapy Department, Queen Elizabeth Hospital, Hong Kong

Background and purpose: Shoulder impingement syndrome (SIS) is a common musculoskeletal disorder associated with significant morbidity. Neuromuscular restoration programme using a computerized and motorized rotating platform may be a useful adjunct to improve scapular stability and function for patients with SIS. However, little work has been done in this area. This study aimed to evaluate the effectiveness of neuromuscular restoration programme with computerized and motorized rotating platform in the management of SIS.

Methods: Thirty-four subjects aged 18–65 with diagnosis of SIS were recruited from the outpatient Physiotherapy Department of the Queen Elizabeth Hospital. Subjects were allocated into either Rotating Platform Exercise Group (RPEG) or Conventional Exercise Group (CEG). In addition to conventional physiotherapy treatment, all subjects received 30 minutes of corresponding exercise training twice per week for 6 weeks. Outcome measures, including the Numeric Pain Rating Scale (NPRS), Active Range of Motion (AROM) for shoulder flexion and abduction, Lateral Scapular Slide Test (LSST), and the Chinese version of the Disability of the Arm, Shoulder and Hand (DASH-HKPDWH), were captured at baseline and after intervention.

Results: All subjects showed a significant improvement in NPRS, AROM for shoulder flexion and abduction, and DASH-HKPDWH after intervention. When comparing the two study groups, RPEG demonstrated a significantly greater improvement in NPRS and DASH-HKPDWH. However, no significant improvement was found on LSST in both groups.

Conclusion: Conventional physiotherapy intervention and treatment with the rotating platform were with similar effectiveness in improving shoulder AROM, pain and functional performance for patients with SIS, whereas treatment with rotating platform was more superior in pain relief.

<http://dx.doi.org/10.1016/j.hkjpj.2015.09.007>

Pain management programme for Chinese patients: A 10-year outcome review

M.C. Chu, FFPMANZCA^a, R.K.Y. Law, MPhil^b, L.C.T. Cheung, MSc^c, M.L. Ma, MNurs^d, E.Y.W. Tse, MSc^e, T.C.M. Wong, PhD^f, P.P. Chen, FFPMANZCA^g

^aDepartment of Anaesthesia, Pamela Youde Nethersole Eastern Hospital, Hong Kong

^bDepartment of Physiotherapy, Hong Kong Sanatorium & Hospital, Hong Kong

^cDepartment of Physiotherapy, Alice Ho Miu Ling Nethersole Hospital, Hong Kong

^dPain Management Centre, Alice Ho Miu Ling Nethersole Hospital, Hong Kong

^eDepartment of Occupational Therapy, Alice Ho Miu Ling Nethersole Hospital, Hong Kong

^fDepartment of Clinical Psychology, United Christian Hospital, Hong Kong

^gDepartment of Anaesthesiology and Operating Services, Alice Ho Miu Ling Nethersole Hospital, Hong Kong

Background and purpose: Pain management programmes based on cognitive behavioural principles have been recognised as an effective